

REGISTERING PARENT/GUARDIAN (Please print neatly and fill out completely)

LAST NAME:

FIRST NAME:

ADDRESS:

UNIT/APT. #

CITY, STATE, ZIP:

CELL PHONE:

OTHER PHONE:

EMAIL ADDRESS (primary communication for Parks & Rec):

ACTIVITIES

Fill in program information for each participant below.

ACTIVITY # 1ST CHOICE	ACTIVITY # 2ND CHOICE	ACTIVITY NAME	PARTICIPANT NAME	D.O.B.	M/F	ACTIVITY FEE
						\$
						\$
						\$
						\$
						\$
				SUBTOTAL \$		

**** YOUTH SOCCER ONLY ****ALL PARENTS/ GUARDIANS **MUST** ASSIST WITH THEIR CHILD'S SOCCER TEAM. PLEASE CHOOSE AN OPTION BELOW:

Volunteer Parent Name:

Phone #:

Email:

☐ COACH☐ CO-COACH
w/ another parent☐ Asst. Coach☐ Team Helper**SOCCER REQUESTS (Not Guaranteed, but we do our best)**

You may request a coach, team, or another player you could like your child to play with. The Parks & Rec Department will see to requests on a first come, first serve basis. NO REQUEST IS GUARENTEED! Refunds will NOT be issued if your child isn't assigned to their desired coach, team, or teammates.

I HAVE READ AND UNDERSTAND THE CONCUSSION AGREEMENT FORM.☐ YES☐ NO (NOT ABLE TO PARTICIPATE)CONCUSSION INFORMATION: <http://www.chippewafalls-wi.gov/home/showdocument?id=1223>

I UNDERSTAND THAT PARTICIPATION IN PARKS AND RECREATION PROGRAMS INVOLVES AN ELEMENT OF RISK OR DANGER FOR ALL PARTICIPANTS AND MAY CAUSE SERIOUS INJURY, DEATH, OR PROPERTY LOSS. I AGREE TO ASSUME THESE RISKS FOR MY FAMILY AND RELEASE THE CITY OF CHIPPEWA FALLS, ITS EMPLOYEES, AND OTHER PARTICIPANTS FROM ANY LIABILITY FOR INJURIES AND DAMAGES SUSTAINED WHILE PARTICIPATING IN THESE PROGRAMS.

(PARENT/ GUARDIAN) SIGNATURE:

DATE:

/

/

2021 REGISTRATION FORM